







**United States Government**  
**Interagency Agreement (IAA) – Agreement Between Federal Agencies**  
**General Terms and Conditions (GT&C) Section**

IAA Number \_\_\_\_\_ - 0000 - \_\_\_\_\_  
 GT&C #                      Order #    Amendment/Mod #

**20. Servicing Agency Clause(s)** (Optional) (State and/or attach any additional Servicing Agency clauses.)

**21. Additional Requesting Agency and/or Servicing Agency Attachments** (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)

**22. Annual Review of IAA**

By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

**AGENCY OFFICIAL**

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

23.	Requesting Agency	Servicing Agency
Name		
Title		
Telephone Number(s)		
Fax Number		
Email Address		
<b>SIGNATURE</b>		
Approval Date		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0335. The time required to complete this information collection is estimated to average .059 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved  
0579-0335

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

WORK INITIATION DOCUMENT FOR  
WILDLIFE DAMAGE MANAGEMENT

S E C T I O N  1	1. WORK INITIATION DOCUMENT NUMBER ED8-24-21		2. STATUS <input type="radio"/> NEW <input checked="" type="radio"/> RENEWAL	
	3. TYPE OF WORK INITIATION DOCUMENT <i>mark all that apply</i>			Assign to These Special Groups
<input type="radio"/> PRIVATE PROPERTY <input checked="" type="radio"/> NON-PRIVATE PROPERTY <input type="radio"/> TEMPORARY / CIVIL <input type="checkbox"/> ADJACENT LANDOWNER <input type="checkbox"/> AMENDMENT TO AN EXISTING WORK INITIATION DOCUMENT			(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) <input type="checkbox"/>	

S E C T I O N  2	4. Cooperator's Name SUNDERLAND SCOTT		Middle	
	Last		First	
5. Cooperator's Mailing Address 1268 PALISADES DR.		LEESPORT		PA
Address		City		State Zip Code
6. Common Name BLUE MARSH LAKE				7. 610-376-6337
				Cooperator Phone Number
8. Owner's or Representative's Name <i>(if different from Cooperator's)</i>				9.
Last		First		Owner/Rep. Phone Number
10. Owner's or Representative's Address <i>(if different from Cooperator's)</i>				
Address		City		State Zip Code

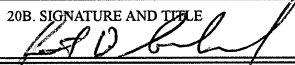
S E C T I O N  3	11. PROPERTY / LAND CLASS INFORMATION				12. ADJOINING PROPERTY WID NOS		13. TARGETED SPECIES	
	COUNTY	PROPERTY	LAND CLASS	ACRES				
A. BERKS		BLUE M <sub>2</sub>	OTHER FE	6200	A.	DUCKS, FERAL	F.	
B.					B.	GEESE, CANADA	G.	
C.					C.	GEESE, FERAL	H.	
D.					D.	VULTURES, BLACK	I.	
E.					E.	VULTURES, TURKEY	J.	
STATE: PA		TOTAL ACRES 6200				<input type="checkbox"/> 14. There are additional target species <i>(Complete and attach WS Form 12 Addendum)</i>		

S E C T I O N  4	15. In consideration of the benefits to be derived from the proper management of damage caused by those species listed in Section 3 Item 14. (and Item 15. if applicable), I the undersigned cooperator or cooperator's representative, do hereby give my consent and concurrence to the Animal and Plant Health Inspection Service (APHIS) (to include its officials, employees, and agents) to use, upon lands owned, leased, or otherwise controlled by me, and identified by this Work Initiation Document, the following methods and devices:					
	A. CATCH POLE		B. EFFIGY, VULTURE		C. ELECTRONIC HARASSMENT DEVICES (OTHI	
D. FIREARMS		E. FLAGS, MYLAR		F. HANDCAUGHT/GATHERED		
16. <input checked="" type="checkbox"/> There are additional components <i>(complete and attach WS Form 12 Addendum)</i>						

17. I, the cooperator or cooperator's representative have been informed of the methods and the manner in which the control materials and devices listed in Section 4 will be used, and of the possible hazards associated with their use. I understand that APHIS, (to include its officers, employees and agents) will: exercise reasonable precautions to safeguard all persons to prevent injury to animal life other than those listed in Section 3, Item 14. (and Item 15., if applicable); guard against the mishandling of control devices and materials; and exercise due caution and proper judgment in all wildlife damage management operations. I understand that APHIS, WS, will maintain restricted use pesticide application records on applications made under the Work Initiation Document, and that APHIS, WS, will provide copies of the records or record information promptly upon the property owner's or cooperator's request. I understand that APHIS may collect Global Positioning System (GPS) coordinates at the project site as part of component or activity tracking or as wildlife disease monitoring or research data. As a Lessee, the Cooperator agrees that the lease is current and will remain so while APHIS WS conducts operational activities on the property and will notify WS if the lease expires or is canceled. The Lessee agrees to notify the landowner about any methods or devices (components) in use by APHIS WS on the property.

18. In consideration of these understandings and of the benefits to be derived, I, the cooperator or cooperator's representative, agree to: take reasonable precautions to prevent injury to livestock and other domestic animals; assume responsibility for injury to my property under my control, when said injury is not the result of negligence on the part of APHIS; assist in maintaining such warning signs as APHIS may place for the purpose of notifying persons entering onto such lands of the possible hazards associated with wildlife damage management measures in use thereon; and to give adequate warning of these possible hazards to persons I authorize to enter onto such lands. Further, in recognition of the benefits to be derived from the use of specified methods and devices authorized by this Work Initiation Document, I, the cooperator or cooperator's representative, agree not to concurrently use or allow to be used upon land s covered by this Work Initiation Document, any toxic material that might reasonably be expected to take a species listed above in Section 3, Item 14. (and Item 15., if applicable) unless such use of said toxicant is agreed to by APHIS in writing.

ENTRANCE N 40.385764 W 76.029585

19. SPECIAL CONSIDERATIONS:		
20A. LANDOWNER, LESSEE, OR ADMINISTRATOR NAME AND TITLE SCOTT SUNDERLAND, MANAGER	20B. SIGNATURE AND TITLE  NATURAL RESOURCE MANAGER	20C. DATE 8-24-21
21A. APHIS REPRESENTATIVE NAME CAREY FURLO	21B. SIGNATURE	21C. DATE 8-24-21
21D. APHIS REPRESENTATIVE TELEPHONE NUMBER 610-544-7703	21E. STATE OFFICE ADDRESS PO Box 60827, Harrisburg, PA 17106	

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UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

ADDENDUM TO A WORK INITIATION DOCUMENT

1. ED8-24-21

Work Initiation Document Number

2. 08 / 24 / 2021  
MM DD YYYY

Instructions

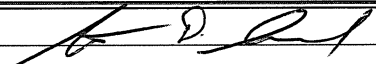
1. In box 1, enter the number of the Work Initiation Document for which this addendum is completed.
2. Enter the date the Addendum is completed in box 2. Enter as MM-DD-YYYY
3. In boxes 3 and 4, enter additional species that will be addressed and additional components to be used.
4. Obtain the signature of the Cooperator with the date signed.
5. Obtain the WS Employee signature
6. Provide copies for each copy of the Work Initiation Document

3. Additional Species

K. _____	R. _____	Y. _____
L. _____	S. _____	Z. _____
M. _____	T. _____	AA. _____
N. _____	U. _____	AB. _____
O. _____	V. _____	AC. _____
P. _____	W. _____	AD. _____
Q. _____	X. _____	AE. _____

4. Additional Components

G. LASERS (ALL) (DETERRENT)	AV. _____	CK. _____
H. LIGHTS (ALL)	AW. _____	CL. _____
I. NETS, BOW	AX. _____	CM. _____
J. NETS, DIP/HAND	AY. _____	CN. _____
K. PAINT BALLS	AZ. _____	CO. _____
L. PHYSICAL ACTIONS (HAND/VOICE)	BA. _____	CP. _____
M. PYROTECHNICS (ALL)	BB. _____	CQ. _____
N. REMOTE CONTROLLED VEHICLES (ALL)	BC. _____	CR. _____
O. TAPE, MYLAR	BD. _____	CS. _____
P. TRAPS, CAGE	BE. _____	CT. _____
Q. TRAPS, DRIVE	BF. _____	CU. _____
R. TRAPS, POLE	BG. _____	CV. _____
S. TRAPS, RAPTOR (SWEDISH GOSHAWK)	BH. _____	CW. _____
T. VEHICLES (ALL)	BI. _____	CX. _____
U. _____	BJ. _____	CY. _____
V. _____	BK. _____	CZ. _____
W. _____	BL. _____	DA. _____
X. _____	BM. _____	DB. _____
Y. _____	BN. _____	DC. _____
Z. _____	BO. _____	DD. _____
AA. _____	BP. _____	DE. _____
AB. _____	BQ. _____	DF. _____
AC. _____	BR. _____	DG. _____
AD. _____	BS. _____	DH. _____
AE. _____	BT. _____	DI. _____
AF. _____	BU. _____	DJ. _____
AG. _____	BV. _____	DK. _____
AH. _____	BW. _____	DL. _____
AI. _____	BX. _____	DM. _____
AJ. _____	BY. _____	DN. _____
AK. _____	BZ. _____	DO. _____
AL. _____	CA. _____	DP. _____
AM. _____	CB. _____	DQ. _____
AN. _____	CC. _____	DR. _____
AO. _____	CD. _____	DS. _____
AP. _____	CE. _____	DT. _____
AQ. _____	CF. _____	DU. _____
AR. _____	CG. _____	DV. _____
AS. _____	CH. _____	DW. _____
AT. _____	CI. _____	DX. _____
AU. _____	CJ. _____	DY. _____

Cooperator Signature  Date 8-24-21

WS Employee Signature \_\_\_\_\_ Date 8-24-21